



**California State Board of Pharmacy**

1625 N. Market Blvd, N219, Sacramento, CA 95834  
Phone: (916) 574-7900  
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www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

**Date:** January 30, 2013

**To:** Board Members

**From:** Debbie Anderson  
Licensing Manager

**Subject:** Agenda Item VII – Licensing Committee Report

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**A. Update on Implementation of Recently Enacted Legislation Impacting the Practice of Pharmacy or the Board's Jurisdiction**

**1. AB 377 (Solorio, Chapter 687, Statutes of 2012) – Centralized Hospital Packaging Pharmacy**

Background

The board currently issues licenses to hospital pharmacies as defined in Business and Professions Code section 4029 to mean and include a pharmacy licensed by the board, located within any licensed hospital, institution, or establishment that maintains and operates organized facilities for the diagnosis, care, and treatment of human illnesses to which persons may be admitted for overnight stay and that meets all of the requirements of Pharmacy Law<sup>1</sup>.

A hospital pharmacy also includes a pharmacy that may be located outside of the hospital, in another physical plant that is regulated under a hospital's consolidated license issued pursuant to Section 1250.8 of the Health and Safety Code. As a condition of licensure by the board, the pharmacy in another physical plant shall provide pharmaceutical services only to registered hospital patients who are on the premises of the same physical plant in which the pharmacy is located. The pharmacy services provided shall be directly related to the services or treatment plan administered in the physical plant.

New Specialty License

AB 377 authorizes the board as of January 1, 2013, to issue a specialty license to a pharmacy currently licensed by the board for the purpose of conducting centralized pharmacy packaging. This specialty license would allow the centralized hospital packaging pharmacy to prepare medications, by performing specified functions, for administration only to inpatients within its own general acute care hospital, and one or more general acute care

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<sup>1</sup> Division 2 of Chapter 9 of the Business and Professions Code (commencing with section 4000), and related regulations.

hospitals if the hospitals are under common ownership, as defined, and within a 75-mile radius of each other.

Board staff developed the instructions and application for the new Centralized Hospital Packaging (CHP) specialty license which was posted to the board's Web site mid-December 2012. Board staff also developed the Request for Renewal of Centralized Hospital Pharmacy License. The Request for Renewal of Centralized Hospital Pharmacy License will be available as a handout at the board meeting. Please see **Attachment A-1** for a copy of the instructions and application. As of the date of this memorandum, the board has received one CHP application.

**2. AB 1904 (Block, Chapter 399, Statutes of 2012) – Military Spouses; Expedited Licensure**

AB 1904 requires the board to expedite an application for the spouse of an active duty member of the Armed Forces of the United States of America who is assigned to a duty station in California under official active duty military orders and holds a current license in another state for which the applicant seeks licensure.

Please see **Attachment A-2** for a copy of the approved language that was added to the following applications/instructions mid-December 2012: Pharmacist Licensure Exam, Retake Application for Pharmacist Examination, Intern Pharmacist, Intern Pharmacist Extension Request, Pharmacy Technician, Designated Representative Wholesaler/Non-Resident Wholesaler, and Designated Representative Vet Retailer.

As of the date of this memorandum, the board has received five requests for expedited licensure for military spouses. One of these requests met the requirements as outlined in Attachment A-2. The remaining four requests did not provide the required documentation but were sent deficiency letters outlining the documentation required to be considered for expedited licensure.

**3. SB 1095 (Rubio, Chapter 454, Statutes of 2012) – Licensing: Clinics**

The board currently issues clinic licenses to a variety of types of clinics as outlined in Business and Professions Code sections 4180 and 4190. AB 1904 authorizes the board to expand these provisions to additionally authorize the board to issue a clinic license to: 1) A surgical clinic licensed pursuant to paragraph (1) of subdivision (b) of Section 1204 of the Health and Safety Code; 2) An outpatient setting accredited by an accreditation agency as defined in Section 1248 of the Health and Safety Code; or 3) An ambulatory surgical center certified to participate in the Medicare Program under Title XVIII of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.).

Clinic applications and instructions have been updated by board staff. Please see **Attachment A-3** for a copy of the updated Requirements for Filing a Clinic Permit Application instructions and Clinic Permit Application. As of the date of this memorandum, the board has received approximately 10 ambulatory surgical clinic applications.

**B. Competency Committee Report**

**1. California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)**

Effective December 1, 2012, the board instituted a quality assurance review of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). This means that there will be a delay in the release of all CPJE examination scores. This process is done periodically to ensure the reliability of the examination. The board will release scores as soon as possible. Based on historical patterns, the board anticipates results being released approximately February 2013. The board encourages all qualified applicants to continue to schedule and take the CPJE exam. The greater the number of applicants who take the exam during this review period, the sooner results can be released.

**2. Examination Development**

The Competency Committee workgroups will continue to meet in the winter and spring of 2013 for examination development.

**C. Second Quarterly Report on the Committee's Strategic Goals for 2012/13**

The second quarterly report on the Licensing Committee's goals is provided in **Attachment C**. This is the second quarterly update in the board's new strategic plan format. Board staff reported on all five licensing success indicators. After review of the acceptance parameters for the licensing success indicators, the parameters were adjusted to reflect a more accurate assessment.

As demonstrated in the quarterly update, the board is meeting the acceptance parameters for Success Indicators 2C – Review Received Deficiency Items to Determine Application Completeness within Five Working Days of Receipt and 2E – Update Information Changes to Licensing Records within Five Working Days.

The board is not meeting the acceptance parameters for Success Indicators 2A – Cashier All Revenue Received within Three Working Days; 2B – Review Initial Applications within 30 Working Days; or 2D – Issue Licenses within Three Working Days of Completed Application. In all three of these success indicators, a majority of the work is completed within a time

frame close to the specified indicators. For example, in Success Indicator 2D where the indicator is three days, 59% of the licenses are issued within this time frame; however, a total 88% of licenses are issued within five days or less. The board is not meeting three of the success indicators primarily due to staff vacancies

**D. Licensing Statistics for July – December 2012**

Provided in **Attachment D** is the second quarter's licensing statistics. During the first half of the fiscal year, the board received over 8,200 applications and issued over 7,900 licenses. The number of applications received decreased almost 6% and the number of licenses issued decreased almost 7% when compared to the same time periods last fiscal year.

**AGENDA ITEM VII**

**ATTACHMENT A-1**



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**REQUIREMENTS FOR FILING AN APPLICATION FOR  
CENTRALIZED HOSPITAL PACKAGING PHARMACY LICENSE**

(Business & Professions Code sections 4128 et seq.)

A licensed centralized hospital packaging pharmacy may prepare medications as outlined in Article 7.6 (commencing with Section 4128) of the Business and Professions Code for administration only to inpatients within its own general acute care hospital and one or more general acute care hospitals if the hospitals are under common ownership and located within a 75-mile radius of each other. In order to be issued a centralized hospital packaging pharmacy license, the applicant must possess a current and valid hospital pharmacy license with the board.

**For a complete application, the following items must be submitted:**

1. A completed and signed Application for Centralized Hospital Packaging Pharmacy License (17A-80).
  - *Note: For a change of ownership, evidence that change of ownership has been sought or obtained for all hospital pharmacy licenses must be submitted along with this application.*
2. Fee of \$600, made payable to "California State Board of Pharmacy".
3. Ownership form for the applicant Centralized Hospital Packaging Pharmacy
  - Partnership or Individual (17A-33)
  - OR**
  - Corporation OR Limited Liability Company (17A-33)
    - *Note: The first line corporation/limited liability company over the pharmacy needs to complete a form 17A-33. Each remaining parent corporation/limited liability company, over the first line corporation/limited liability company, needs to complete a Form 17A-33A.*
4. A copy of your hospital acute care license issued by the Department of Public Health.
5. Provide an organizational chart identifying the applicant Centralized Hospital Packaging Pharmacy and all receiving hospital pharmacies documenting common ownership.
6. Statement on company letterhead signed by an authorized owner/officer certifying the applicant Centralized Hospital Packaging Pharmacy and all receiving hospital pharmacies are:
  - Under common ownership, and
  - Located within a 75-mile radius of each other.
7. Statement on company letterhead signed by an authorized owner/officer stating that the applicant pharmacy will implement the requirements of Article 7.6 (commencing with Section 4128) of the Business and Professions Code.

**Article 7.6 (commencing with Section 4128) of the Business and Professions Code**  
**Centralized Hospital Packaging Pharmacies**

4128. (a) Notwithstanding Section 4029, a centralized hospital packaging pharmacy may prepare medications, by performing the following specialized functions, for administration only to inpatients within its own general acute care hospital and one or more general acute care hospitals if the hospitals are under common ownership and located within a 75-mile radius of each other:

(1) Preparing unit dose packages for single administration to inpatients from bulk containers, if each unit dose package is barcoded to contain at least the information required by Section 4128.4.

(2) Preparing compounded unit dose drugs for parenteral therapy for administration to inpatients, if each compounded unit dose drug is barcoded to contain at least the information required by Section 4128.4.

(3) Preparing compounded unit dose drugs for administration to inpatients, if each unit dose package is barcoded to contain at least the information required by Section 4128.4.

(b) For purposes of this article, "common ownership" means that the ownership information on file with the board pursuant to Section 4201 for the licensed pharmacy is consistent with the ownership information on file with the board for the other licensed pharmacy or pharmacies for purposes of preparing medications pursuant to this section.

4128.2. (a) In addition to the pharmacy license requirement described in Section 4110, a centralized hospital packaging pharmacy shall obtain a specialty license from the board prior to engaging in the functions described in Section 4128.

(b) An applicant seeking a specialty license pursuant to this article shall apply to the board on forms established by the board.

(c) Before issuing the specialty license, the board shall inspect the pharmacy and ensure that the pharmacy is in compliance with this article and regulations established by the board.

(d) A license to perform the functions described in Section 4128 may only be issued to a pharmacy that is licensed by the board as a hospital pharmacy.

(e) A license issued pursuant to this article shall be renewed annually and is not transferrable.

(f) An applicant seeking renewal of a specialty license shall apply to the board on forms established by the board.

(g) A license to perform the functions described in Section 4128 shall not be renewed until the pharmacy has been inspected by the board and found to be in compliance with this article and regulations established by the board.

(h) The fee for issuance or annual renewal of a centralized hospital packaging pharmacy license shall be six hundred dollars (\$600) and may be increased by the board to eight hundred dollars (\$800).

4128.3. A centralized hospital packaging pharmacy may prepare and store a limited quantity of the unit dose drugs authorized by Section 4128 in advance of receipt of a patient-specific prescription in a quantity as is necessary to ensure continuity of care for an identified population of inpatients of the general acute care hospital based on a documented history of prescriptions for that patient population.

4128.4. Any unit dose medication produced by a centralized hospital packaging pharmacy shall be barcoded to be readable at the inpatient's bedside. Upon reading the barcode, the following information shall be retrievable:

(a) The date the medication was prepared.

(b) The components used in the drug product.

(c) The lot number or control number.

(d) The expiration date.

(e) The National Drug Code Directory number.

(f) The name of the centralized hospital packaging pharmacy.

4128.5. The label for each unit dose medication produced by a centralized hospital packaging pharmacy shall contain all of the following:

(a) The expiration date.

(b) The established name of the drug.

(c) The quantity of the active ingredient.

(d) Special storage or handling requirements.

4128.6. All compounding and packaging functions specified in Section 4128 shall be performed only in the licensed centralized hospital packaging pharmacy and that pharmacy shall comply with all applicable federal and state statutes and regulations, including, but not limited to, regulations regarding compounding and, when appropriate, sterile injectable compounding.

4128.7. A centralized hospital packaging pharmacy and the pharmacists working in the pharmacy shall be responsible for the integrity, potency, quality, and labeled strength of any unit dose drug product prepared by the centralized hospital packaging pharmacy.



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## CENTRALIZED HOSPITAL PACKAGING PHARMACY LICENSE APPLICATION

*Please print or type* **ALL BLANKS MUST BE COMPLETED; IF NOT APPLICABLE, ENTER N/A**

Name of Hospital Pharmacy:		Hospital Pharmacy License Number	
Hospital Pharmacy Telephone Number:		Centralized Hospital Packaging Pharmacy Telephone Number: (if different)	
Physical Address and Location of Hospital Pharmacy (street and number)		City	State Zip Code

Name of pharmacist-in-charge of Hospital Pharmacy:	Pharmacist license number:
Pharmacist-in-charge email address:	Pharmacist-in-charge phone number:

Indicate whether this application is for:		
<input type="checkbox"/> New Licensed Centralized Hospital Packaging Pharmacy	<input type="checkbox"/> Change of Location of Licensed Centralized Hospital Packaging Pharmacy	<input type="checkbox"/> Change of Ownership of Licensed Centralized Hospital Packaging Pharmacy (submit evidence of change of ownership for all hospitals)
If this is a <b>change of ownership</b> or <b>change of location</b> , indicate previous name, address and license number of hospital pharmacy.		
Name:	Address:	License Number:
Please indicate type of ownership:		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government owned

***I have read the attached statutes pertaining to licensure of centralized hospital packaging pharmacies at Article 7.6 (commencing with section 4128) of the Business and Professions Code.***

Signature of Pharmacist-in-Charge

Name (please print)

Date

**CONTINUE ON REVERSE**

FOR OFFICE USE ONLY		
STAFF REVIEW	CASHIER LOG	
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ Referred for inspection: _____ Inspection Completed: _____	Approved _____ Denied _____ Date _____	Cashier # _____ Date _____ Amount of fee _____



## Ownership Information for the Centralized Hospital Packaging Pharmacy

**A license for centralized hospital packaging pharmacy may only be issued to the owner of a licensed hospital pharmacy at the licensed location.**

<b>If a Sole Proprietor:</b>				
Name of Sole Owner		*Social Security Number	Telephone Number	
Address	number and street	City	State	Zip Code
<b>If a Partnership: (attach additional sheet if needed)</b>				
Name of Partner		*FEIN Number (for partnership)	Telephone Number	
Address	number and street	City	State	Zip Code
Name of Partner		*FEIN Number (for partnership)	Telephone Number	
Address	number and street	City	State	Zip Code
<b>If a Corporation/Limited Liability Company: (attach additional sheet if needed)</b>				
Name of Corporation/Limited Liability Company (If applicable)			Telephone Number	
Address	number and street	City	State	Zip Code
<p>Print below the name, title, address and license number of all the limited liability members/managers, corporate officers/directors, and hospital pharmacy owners. This includes the individual owner, all partners, corporate officers. Under the heading "Licensed as" list any state professional or vocational licenses held; e.g., pharmacist, physician, podiatrist, dentist or veterinarian etc., and license number. Non-profit organizations must list the names and titles of persons holding corporate positions. Attach additional sheets if necessary.</p>				
Title	Name	Residence Address**	License Type Held	License Number

\*Disclosure of your social security number if you are a sole proprietor or federal employer identification number ("FEIN") if you are a partnership is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes or compliance with any judgment or order for family support in accordance with section 17520 of the Family Code. If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

\*\*Residence address will not be made available to the public.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share individual taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid.

Complete this section for EACH hospital pharmacy under common ownership that will be RECEIVING from the Centralized Hospital Packaging Pharmacy. (Use additional pages if necessary.)

Name of <b>RECEIVING</b> Hospital Pharmacy:	<b>RECEIVING</b> Hospital Pharmacy License Number
Physical Address and Location of <b>RECEIVING</b> Hospital Pharmacy (Include Street, Number, City, State and Zip Code)	
Name of pharmacist-in-charge of licensed <b>RECEIVING</b> hospital pharmacy:	Pharmacist license number:
Pharmacist-in-charge email address (optional)	<b>RECEIVING</b> Hospital Pharmacy Telephone Number:

Print below the name of all sole owners, partners, corporations, or limited liability companies for all levels of the pharmacy ownership for the RECEIVING PHARMACY. Attach additional sheets if necessary.

Type of ownership/corporate structure (sole proprietor, partnership, corporation, or LLC)	Name of Owner

Print below the name, title, and license number of all the limited liability members/managers, corporate officers/directors, and pharmacy owners. This includes the individual owner, all partners, corporate officers. Under the heading "Licensed as" list any state professional or vocational licenses held; e.g., pharmacist, physician, podiatrist, dentist or veterinarian etc., and license number. Non-profit organizations must list the names and titles of persons holding corporate positions. Attach additional sheets if necessary.

Title	Name	License type held	License number

## PLEASE READ CAREFULLY

This application must be approved by the California State Board of Pharmacy before a Centralized Hospital Packaging Pharmacy license will be issued. Falsification of any information on this application may constitute grounds for denial or subsequent revocation of the license.

If changes are made during the application process, you may need to submit a new application with the appropriate fees. **Any application not completed within 60 days after you have been notified by the board of deficiencies in your file, may be deemed to have been abandoned, and you may be required to file a new application and meet all the requirements which are in effect at the time of application. Fees applied to this application are not transferable and are not refundable.**

Any material misrepresentation in the answer of any question is grounds for refusal or subsequent revocation of a license, and is a violation of the Penal Code of California. All items of information requested in this application are mandatory as authorized by Business and Professions Code section 4128 and following. Failure to provide any of the requested information will result in the application being rejected as incomplete.

The information will be used to determine qualifications for licensure under California Pharmacy Law. The officer responsible for information maintenance is the Executive Officer, (916) 574-7900, 1625 North Market Blvd., Suite N219, Sacramento, CA 95834. The information may be transferred to or provided pursuant to court order or subpoena to another governmental agency (such as a law enforcement agency) if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted from disclosure by Section 1798.40 of the California Information Practices Act. (Civil Code §1798, et seq.)

### Signature Block

Under penalty of perjury, under the laws of the State of California, I certify and affirm that: (1) I am a person authorized to act for and bind the applicant and I am at least 18 years of age; (2) I have read the foregoing application and know the contents thereof and each and every statement made therein is true; (3) no person other than the applicant [or applicants] has any direct or indirect interest in the applicant's [or applicants'] business to be conducted under the license for which this application is made; and (4) all supplemental statements filed with this application are true, complete and accurate.

**USE ADDITIONAL SHEETS IF NECESSARY. ALL MEMBERS OF AN LLC SHOULD SIGN THE APPLICATION.**

Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date
Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date
Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date
Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date

Mail all correspondence to the following address below. If correspondence should be mailed to the pharmacy please insert "Same as Pharmacy."

Name and telephone number of contact person to clarify information provided on this application.

e-mail address (optional)

( )

**AGENDA ITEM VII**

**ATTACHMENT A-2**

**AGENDA ITEM VII  
ATTACHMENT A-2  
Updated (12/13/12)**

**AB 1904 (Block, Chapter 399, Statutes of 2012) – Military Spouses; Expedited Licensure**

**Added to face of the application:**

- ☐ **MILITARY SPOUSES/PARTNERS** (Check here if you are relocating to CA as a result of your spouse's/partner's active duty military service.)

**Added to the application instructions:**

**Active Duty Military -- Spouses or Partners Receive Expedited Review**

The board is required to expedite the licensure process for an applicant whose spouse or partner is an active duty member of the U.S. Armed Forces and meets other criteria. (Business and Professions Code section 115.5.) If you would like to be considered for this expedited review and process, please provide the following required documentation.

1. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders?

If "yes," please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State AND military orders establishing duty station in California. For other forms of "legal union" not recognized by California, you may submit other documentary evidence of legal union issued by the State that recognizes your legal union for consideration by the board in meeting this requirement.

2. Do you hold a current license in another state, district, or territory of the United States in the profession or vocation for which you seek licensure from the board?

If "yes," please attach a copy of the current license in another state, district, or territory of the United States.

**AGENDA ITEM V**

**ATTACHMENT A-3**



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## **REQUIREMENTS FOR FILING A CLINIC PERMIT APPLICATION**

The Board is authorized to issue permits to any of the following types of clinics pursuant to Sections 4180 and 4190 of the Business and Professions Code:

### **Business and Professions Code 4180 et seq.**

- (1) A licensed nonprofit community clinic (Health & Safety Code section 1204 (a)(1));
- (2) A licensed free clinic (Health & Safety Code section 1204 (a)(1));
- (3) A primary care clinic owned or operated by a county (Health & Safety Code section 1206(b));
- (4) A clinic operated by a federally recognized Indian tribe or tribal organization (Health & Safety Code section 1206(c));
- (5) A clinic operated by a primary care community or free clinic, operated on separate premises from a licensed clinic, and that is open no more than 20 hours per week (Health & Safety Code section 1206(h));
- (6) A student health center clinic operated by a public institution of higher education (Health & Safety Code section 1206(j));
- (7) A nonprofit multispecialty clinic (Health & Safety Code section 1206(l));

### **Business and Professions Code 4190 et seq.**

- (8) A surgical clinic licensed pursuant to paragraph (1) of subdivision (b) of Section 1204 of the Health and Safety Code;
- (9) An outpatient setting accredited by an accreditation agency as defined in Section 1248 of the Health and Safety Code.
- (10) An ambulatory surgical center certified to participate in the Medicare Program under Title XVIII of the federal Social Security Act (42 U.S.C. Sec. 1395 et seq.).

**IMPORTANT:** Please follow these instructions completely. You must complete and submit all of the requested information. Failure to submit the necessary items will delay the processing of your application.

You will be notified of any major deficiencies in your application. Please allow approximately 50 days from the time your application packet is complete before calling the Board of Pharmacy.

Any forms that have been previously submitted with another application will not be pulled from that file. You must complete and submit all of the requested information.

If you would like notification that the board has received your application, please submit a stamped postcard addressed to yourself. The board does not provide status updates during the 50 days following the submission of an application.

## SUMMARY OF CHECKLIST FOR FILING A CLINIC PERMIT APPLICATION

Section A	Requirements for all applicants except government owned, Indian tribe owned, or change of location.
Section B	Forms required for an applicant who is filing as an individual owner
Section C	Forms required for an applicant whose ownership is a partnership
Section D	Forms required for an applicant who is filing as a corporation
Section E	Forms required for an applicant who is filing as a limited liability company
Section F	Requirements for state, city or county owned clinic
Section G	Requirements for Indian tribe owned clinic
Section H	Requirements for non-Indian owned but operating on tribal lands
Section I	Requirements for change of location only (no ownership change)

**A Change of Permit Application must be filed within 30 days when the following occurs:**

- 1.) Change of corporate officers/administration
- 2.) Change of medical director
- 3.) Transfer of 10% to 49% of stock
- 4.) Change of street name or number made by the post office – not a change of location
- 5.) Change of tradestyle name or corporate name - not a change of ownership

The Change of Permit Application may be downloaded from the board's Web site at [http://www.pharmacy.ca.gov/forms/app\\_forms.shtml](http://www.pharmacy.ca.gov/forms/app_forms.shtml).

## CHECKLIST FOR FILING A CLINIC PERMIT APPLICATION

### **Section A      All Applicants (except government owned or Indian tribe owned)**

- ☐ 1. Application (17A-42) and the non-refundable processing fee of \$400.
- ☐ 2. A copy of your Department of Public Health license or a statement on company letterhead citing the Health and Safety Code exception. (This is required unless applying as an ambulatory surgical center or accredited outpatient setting - see items #4 or #5 below)
- ☐ 3. On company letterhead written certification that policies and procedures are in place.



- [ ] 4. For ambulatory surgical centers: A current copy of the certification to participate in the Medicare Program.
- [ ] 5. For accredited outpatient settings: A copy of the accreditation certificate if the outpatient setting is accredited by an accreditation agency approved by the Medical Board of California.  
*Included with the certificate must be a statement on company letterhead certifying a list of past and present accreditations held by the applicant including documentation supporting any denial, revocation or suspension by an accrediting agency.*
- [ ] 6. Seller's Certification for a Pharmacy (17A-8) (If applicable)  
*This is only required for an application for a change of ownership and it must be submitted by the prospective owner(s).*

#### **Section B Individual Owner (Sole Proprietor)**

- [ ] 1. Certification of Personnel (17A-11) for the:
- Professional Director
  - Administrator
  - Consulting Pharmacist
- [ ] 2. Copy of *Request for Live Scan Service Form* verifying that fingerprints have been scanned and all applicable fees have been paid for: Please refer to fingerprint instructions on page 6.
- Professional Director
  - Administrator

#### **Section C Partnership**

- [ ] 1. A copy of the partnership agreement.
- [ ] 2. Certification of Personnel (17A-11) for the:
- Professional Director
  - Administrator
  - Consulting Pharmacist
- [ ] 3. Copy of *Request for Live Scan Service Form* verifying that fingerprints have been scanned and all applicable fees have been paid for: Please refer to fingerprint instructions on page 6.
- Professional Director
  - Administrator

## **Section D Corporation**

- ☐ 1. Articles of Incorporation **endorsed** by the Secretary of State.
- ☐ 2. Certification of Personnel (17A-11) for the:
  - Professional Director
  - Administrator
  - Consulting Pharmacist
- ☐ 3. Copy of *Request for Live Scan Service Form* verifying that fingerprints have been scanned and all applicable fees have been paid for: Please refer to fingerprint instructions on page 6.
  - Professional Director
  - Administrator

## **Section E Limited Liability Company**

- ☐ 1. Articles of Organization **endorsed** by the Secretary of State.
- ☐ 2. Certification of Personnel (17A-11) for the:
  - Professional Director
  - Administrator
  - Consulting Pharmacist
- ☐ 3. Copy of *Request for Live Scan Service Form* verifying that fingerprints have been scanned and all applicable fees have been paid for: Please refer to fingerprint instructions on page 6.
  - Professional Director
  - Administrator

## **Section F State, City, or County Owned Clinic**

- ☐ 1. Application (17A-42) (no fee required)
- ☐ 2. Completed Certification of Personnel (17A-11) for:
  - a. Professional Director
  - b. Administrator
  - c. Consulting Pharmacist

- ☐ 3. A letter of verification from the county public health department or the board of supervisors indicating that the facility is government owned
- ☐ 4. The name of the Director of Public Health or the responsible party for the clinic operation
- ☐ 5. A copy of the organizational structure

#### **Section G Indian Owned**

- ☐ 1. Application (17A-42) and the non-refundable processing fee of \$400.
- ☐ 2. Official documents from the U.S. Department of Interior, Bureau of Indian Affairs, identifying the official tribe.
- ☐ 3. A copy of the constitution and by-laws establishing the tribal council that will be the governing entity of the clinic.
- ☐ 4. Certification of Personnel (17A-11) for the tribal council members and the administrator/CEO.
- ☐ 5. Certification of Personnel (17A-11) for the consulting pharmacist.
- ☐ 6. Copy of *Request for Live Scan Service Form* verifying fingerprints for the tribal council and the administrator/CEO have been scanned and all applicable fees have been paid. Please refer to fingerprint instructions on page 6.

#### **Section H Non-Indian owned but operating on tribal lands**

**If the non-Indian owner is a corporation:**

- ☐ 1. All requirements listed in Section A.
- ☐ 2. Articles of incorporation endorsed by the Indian tribe.
- ☐ 3. Statement by domestic stock endorsed by the Indian tribe.
- ☐ 4. **AND all other requirements** of corporate owners listed in section D, (except the articles of incorporation and the statement by domestic stock must be endorsed by the Indian tribe and not by the Secretary of State).

**If the non-Indian owner is a sole owner or partnership:**

- ☐ 1. All requirements listed in Section A.
- ☐ 2. Documents describing the agreements with the Indian tribe to operate the clinic on tribal land.

- [ ] 3. **AND all other requirements** of sole owners or partnership listed in Section B or Section C respectively.

**Section I Change of Location ONLY (no ownership change)**

- [ ] 1. Application (17A-42) and the non-refundable processing fee of \$100.
- [ ] 2. Certification of Personnel (17A-11) for the:
- Professional Director
  - Administrator
  - Consulting Pharmacist
- [ ] 3. A copy of your Department of Public Health license or a statement on company letterhead citing the Health and Safety Code exception. (This is required unless applying as an ambulatory surgical center or accredited outpatient setting - see items #5 or #6 below)
- [ ] 4. On company letterhead, written certification that policies and procedures are in place.
- [ ] 5. For ambulatory surgical centers: A current copy of the certification to participate in the Medicare Program.
- [ ] 6. For accredited outpatient settings: A copy of the accreditation certificate if the outpatient setting is accredited by an accreditation agency approved by the Medical Board of California.  
***Included with the certificate must be a statement on company letterhead certifying a list of past and present accreditations held by the applicant including documentation supporting any denial, revocation or suspension by an accrediting agency.***

**Fingerprint Requirements**

**California Residents**

The board will only accept Live Scan Forms from California residents.

***Complete a Live Scan Request form and take all 3 copies to a Live Scan site for fingerprint scanning.*** Please refer to the Instructions for completing a "Request for Live Scan Service" form. Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice website at <http://ag.ca.gov/fingerprints/publications/contact.htm> or the sources listed on the bottom of the instructions for completing a "Request for Live Scan Service" form.

The lower portion of the Live Scan Request form must be completed by the Live Scan operator verifying that your prints have been scanned and all applicable fees have been paid. Attach the second copy of the form to your application and submit to the board.

**California State Board of Pharmacy**

1625 N. Market Blvd, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
www.pharmacy.ca.gov

STATE AND CONSUMERS AFFAIRS AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

**CLINIC PERMIT APPLICATION**

Please print or type

All blanks must be completed. If not applicable enter N/A

Name of Clinic:		Clinic telephone number:	
Address of Clinic:		Number and street	City State Zip Code
Type of Clinic – See Instructions for Descriptions:			
<input type="checkbox"/> Non-profit Community	<input type="checkbox"/> Operated by Indian Tribe/Organization	<input type="checkbox"/> Non-profit Multi-specialty	<input type="checkbox"/> Accredited Outpatient Setting
<input type="checkbox"/> Free	<input type="checkbox"/> Operated by Community/Free Clinic	<input type="checkbox"/> Surgical Clinic	
<input type="checkbox"/> Primary Care	<input type="checkbox"/> Student Health Center	<input type="checkbox"/> Ambulatory Surgical Clinic	
Indicate whether this application is for:			
<input type="checkbox"/> New Clinic <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership			
If change of ownership or change of location, indicate previous name, address and license number of clinic			
Type of ownership:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government/Indian Tribe <input type="checkbox"/> Limited Liability Company			
Date of last inspection by the Department of Public Health (if applicable):		Are you Medicare Certified? If yes, attach a copy of your current medicare certificate.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated first day of business:		Are you an outpatient setting accredited by an accreditation agency approved by the Medical Board of California? If yes, attach a copy of the certificate.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mail all correspondence to the following address below. If correspondence should be mailed to the clinic please insert "Same as Clinic."			
Name and telephone number of authorized person to clarify information provided on this application.			e-mail address (optional)
( )			

Continue on reverse

For Office Use Only			
Staff Review		Cashier	
<input type="checkbox"/> Articles of Inc or Org	<input type="checkbox"/> DPH lic/waiver	Approval _____	Cashiering # _____
<input type="checkbox"/> Partner Agreement	<input type="checkbox"/> Policy & Proc.	Denied _____	Date _____
<input type="checkbox"/> Seller's Cert	<input type="checkbox"/> Medicare cert	Date _____	Amount of Fee _____
	<input type="checkbox"/> Accreditation		

## Ownership Information

Name of Sole Owner (If applicable)		*Social Security Number		Telephone Number	
Address      number and street		City		State      Zip Code	
Name of Partner (If applicable)		*FEIN Number		Telephone Number	
Address      number and street		City		State      Zip Code	
Name of Partner (If applicable)		*FEIN Number		Telephone Number	
Address      number and street		City		State      Zip Code	
Name of Corporation/Limited Liability Company (If applicable)				Telephone Number	
Address      number and street		City		State      Zip Code	

Print below the name, title, address and license number of all the clinic owners. This includes the individual owner, all partners, corporate officers, members, managers. Under the heading "Licensed as" list any state professional or vocational licenses held; e.g., pharmacist, physician, podiatrist, dentist or veterinarian etc., and license number. Non-profit organizations must list the names and titles of persons holding corporate positions. Attach additional sheets if necessary.

Title	Name	Residence Address	Licensed as and license number

\*Disclosure of your U.S. social security account number if you are the sole owner, or federal employer identification number (FEIN) if you are a partnership, is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number or FEIN will be used exclusively for tax enforcement purposes, or for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number or your FEIN, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share individual taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid.

FEDERAL EMPLOYEE ID NUMBER (FEIN):  
(For Partnerships Only)

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Name of Professional Director:			License Number
Residence Address	City	State	Zip Code
Name of Administrator:			License Number
Residence Address	City	State	Zip Code
Name of Consulting pharmacist:			License Number
Residence Address	City	State	Zip Code

Please be advised that California Business and Professions Code section 4191 requires that prior to issuance of a clinic license, the clinic shall comply with the following:

\*All applicable laws and regulations of the State Department of Public Health and the board relating to drug distribution to ensure that inventories, security procedures, training, protocol development, recordkeeping, packaging, labeling, dispensing, and patient consultation are carried out in a manner that is consistent with the promotion and protection of the health and safety of the public; and,

\*The policies and procedures to implement the laws and regulations shall be developed and approved by the consulting pharmacist, the professional director, and the clinic administrator.

Certification: I certify that I have read and reviewed this application and Section 4191 of the California Business and Professions Code. I further certify that the policies and procedures of the clinic's drug distribution service, relative to inventories, security procedures, training, protocol development, recordkeeping, packaging, labeling, dispensing, and patient consultation are consistent with the promotion and protection of the health and safety of the public.

\_\_\_\_\_  
Signature of Consulting Pharmacist

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

#### PLEASE READ CAREFULLY

This application must be approved by the California State Board of Pharmacy before a clinic permit will be issued.

If changes are made during the application process, you may need to submit a new application with the appropriate fees.

**Any application not completed within 60 days of receipt may be deemed withdrawn by the Board of Pharmacy.**

**Fees applied to this application are not transferable and are not refundable.**

Any material misrepresentation in the answer of any question is grounds for refusal or subsequent revocation of a license, and is a violation of the Penal Code of California. All items of information requested in this application are mandatory as authorized by Business and Professions Code sections 4180, 4190, 4191, 4203, 4204, and 4400. Failure to provide any of the requested information will result in the application being rejected as incomplete.

The information will be used to determine qualifications for licensure under California Pharmacy Law. The officer responsible for information maintenance is the Executive Officer, (916) 574-7900, 1625 N. Market Blvd., Suite N219, Sacramento, California 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.

Under penalty of perjury, under the laws of the State of California, each person whose signature appears below, certifies and says that: (1) he/she is the sole owner, or an officer, partner, director, or member of the applicant business entity named in the foregoing application, duly authorized to make this application on its behalf and is at least 18 years of age; (2) he/she has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; (3) no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) the clinic complies with all applicable laws and regulations of the State Department of Public Health relating to drug distribution; (5) the professional director is responsible for safe, orderly and lawful provisions of the pharmacy service; (6) all supplemental statements are true and accurate.

**USE ADDITIONAL SHEETS IF NECESSARY. ALL MEMBERS OF AN LLC SHOULD SIGN THE APPLICATION.**


Signature of Professional Director	Name (please print)	Title	Date
Signature of Administrator	Name (please print)	Title	Date
Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date
Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date
Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date
Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date
Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date
Signature of Corporate officer, owner, member, or partner	Name (please print)	Title	Date



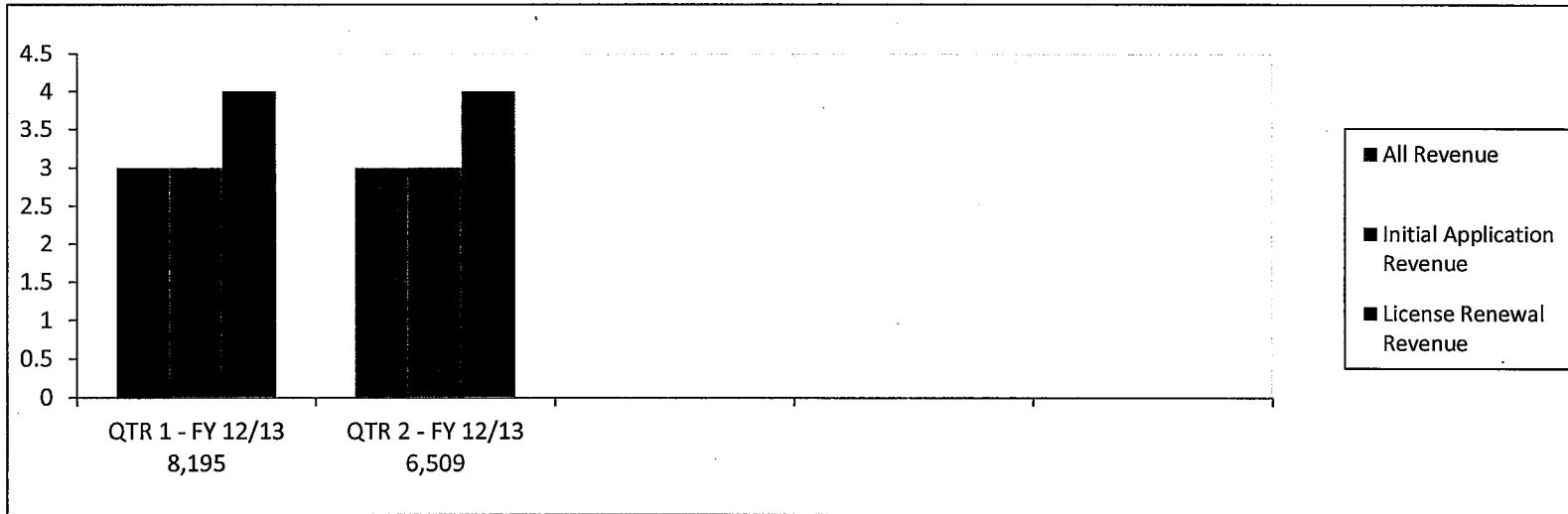
**AGENDA ITEM VII**

**ATTACHMENT C**

### Strategic Planning: Licensing

Success Indicators		Related Performance Measures		Acceptance Parameters	Actual Percentage Green Light Status	Average Processing Time	Explanation
2A	Cashier all revenue received within 3 working days	[EF]	<input type="radio"/> 90% <input type="radio"/> 86% <input checked="" type="radio"/> 85%		60%	3.31	Renewal process requires duplicative data entry into two data systems. Vacancy at reception area delays mail opening and increases cashiering time. * 86% cashiered within 4 days or less.
2B	Review initial applications within 30 days.	[PC, EF]	<input type="radio"/> 90% <input type="radio"/> 86% <input checked="" type="radio"/> 85%		48%	25.30	1 staff vacancies - TCH processing desk *99.7% reviewed within 45 days or less.
2C	Review received deficiency items to determine application completeness within 5 days of receipt.	[PC, EF, RC]	<input checked="" type="radio"/> 90% <input type="radio"/> 86% <input type="radio"/> 85%		94%	2.07	*98% reviewed within 10 days or less.
2D	Issue licenses within 3 working days of completed application.	[PC, EF]	<input type="radio"/> 90% <input type="radio"/> 86% <input checked="" type="radio"/> 85%		59%	3.65	*88% issued within 5 days or less.
2E	Update information changes to licensing records within 5 working days.	[EF]	<input checked="" type="radio"/> 90% <input type="radio"/> 86% <input type="radio"/> 85%		98%	2.81	

**2A. Cashier all revenue received three three working days.  
(Reported with number of items cashiered.)**



**All Revenue** - Includes all revenue reported in License Renewal Revenue and Initial Application Revenue as well as the following revenue categories: citations and fines, pharmacist scholarship fund, fingerprint fees, dishonored checks, change of permits, license verifications, change of ownerships, change of pharmacist-in-charge, change of designated representative-in-charge, retired licenses, regrades for examinations, and temporary permits.

**Initial Application Revenue** - Includes initial applications for all license types.

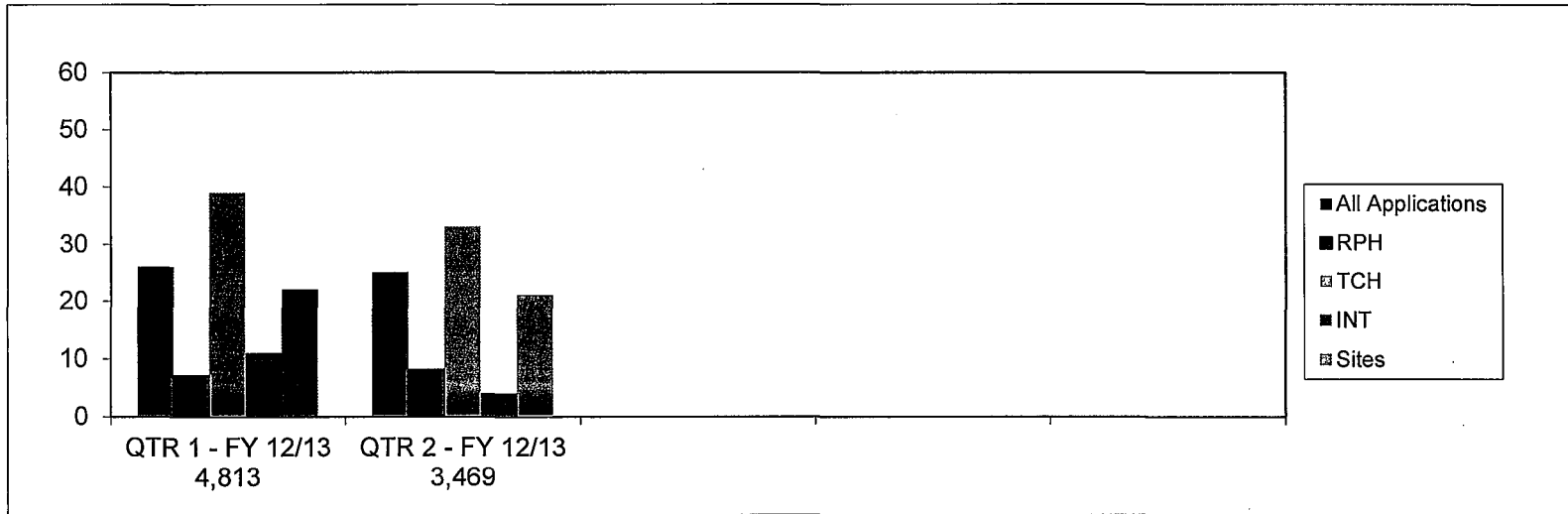
**License Renewal Revenue** - Includes all licensee renewal applications.

Notes:

Averages reported in working days excluding holidays.

**2B. Review initial applications within 30 days.**

**(Reported with Number of All Application Types, Pharmacist Applications and Pharmacy Technician Applications Received)**

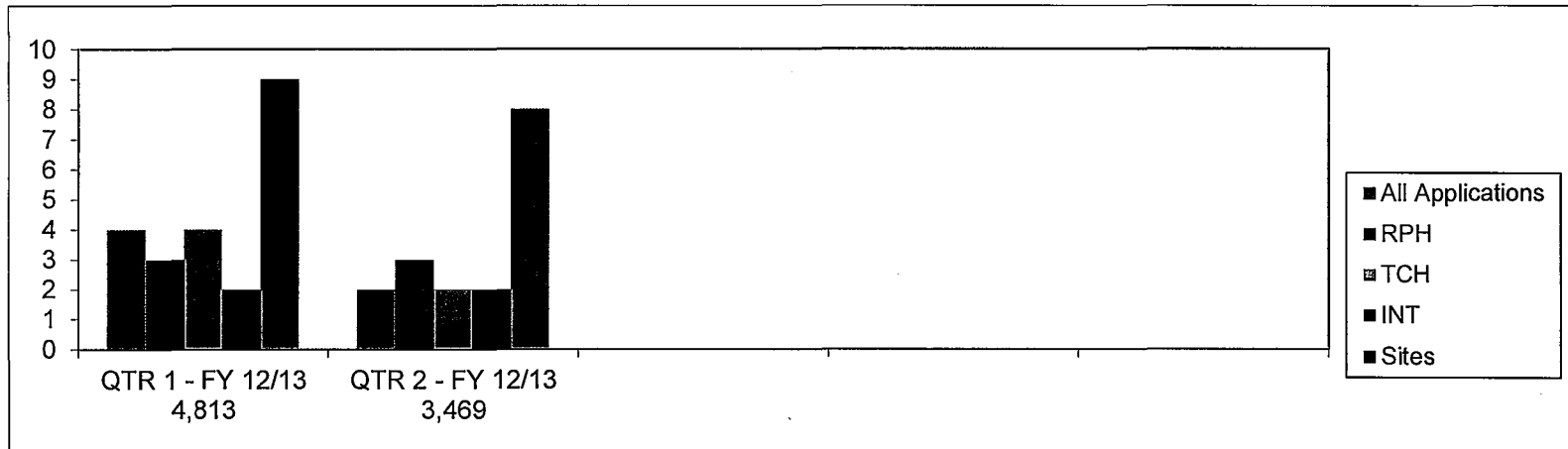


**Notes:**

Averages reported in working days excluding holidays.

Data does not include applicants where their application fee was paid by another entity.

**2C. Review deficiency items to determine a complete application within five working days of receipt.  
(Reported with number of applications received)**



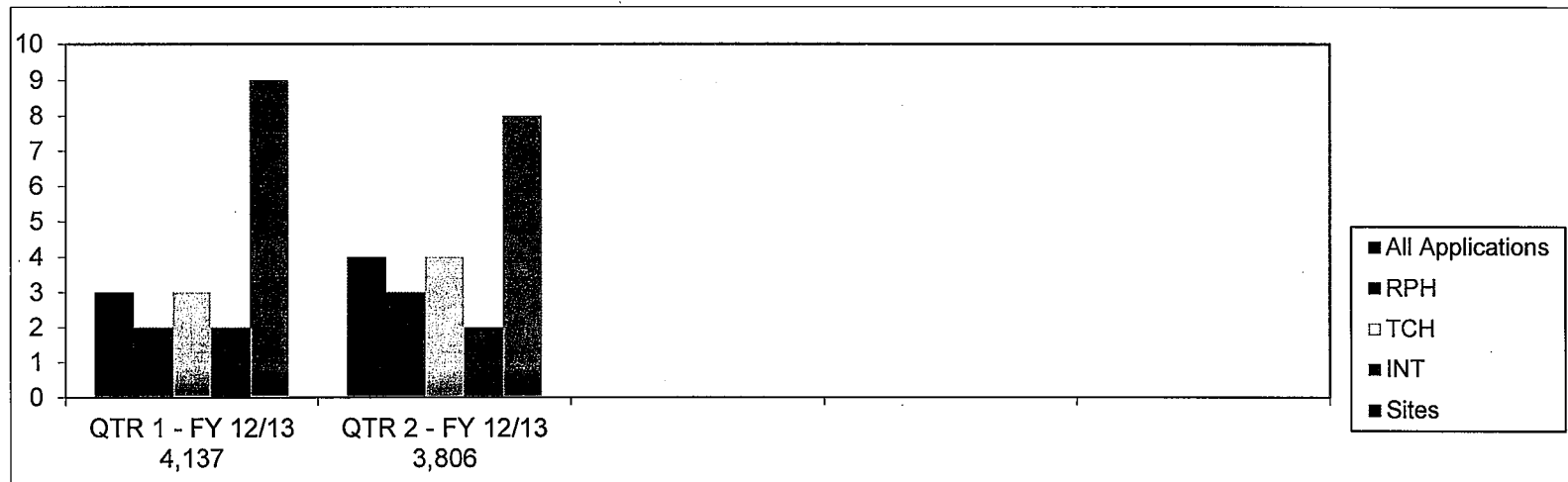
**Notes:**

Averages reported in working days excluding holidays.

Data does not include applicants where their application fee was paid by another entity.

Average issue time for site applications determined without inspection time.

**2D. Issue license within three working days of a complete application.  
(Reported with number of licenses issued)**



**Notes:**

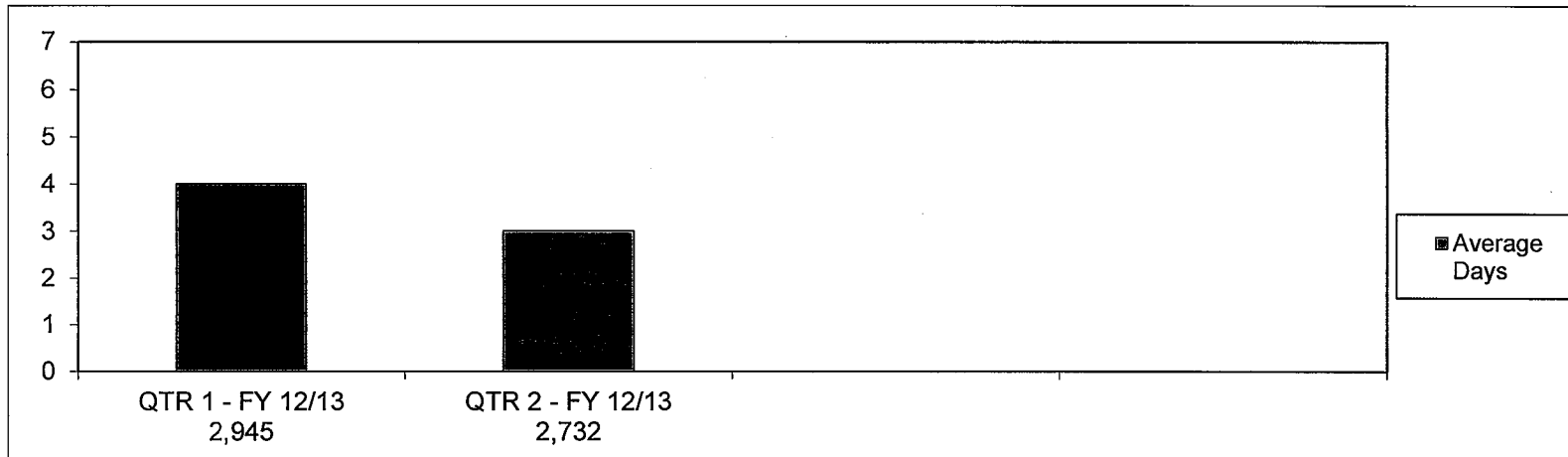
Averages reported in working days excluding holidays.

Data does not include applicants where their application fee was paid by another entity.

Average issue time for site applications determined without inspection time.

Site applications that have been determined to meet licensing requirements but have future opening dates will impact average processing times as they are issued closer to the opening date.

**2E. Update information changes to licensing records within five working days**  
**(Reported by number of changes made)**



**Notes:**

Averages reported in working days.

**AGENDA ITEM VII**

**ATTACHMENT D**



Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
<b>I. APPLICATIONS</b>													
A. Received													
Pharmacist (exam applications)	103	132	114	103	82	102							636
Pharmacist (initial licensing applications)	313	636	179	201	89	70							1488
Intern pharmacist	37	568	234	209	163	57							1268
Pharmacy technician	731	841	543	804	707	535							4161
Pharmacy	42	40	34	34	30	20							200
Pharmacy Exempt	0	0	0	0	9	0							9
Pharmacy - Temp	9	9	13	10	0	4							45
Sterile Compounding	6	9	8	2	9	4							38
Sterile Compounding - Exempt	0	0	0	0	0	0							0
Sterile Compounding - Temp	2	0	2	2	4	2							12
Nonresident Sterile Compounding	0	1	1	3	1	3							9
Clinics	1	7	4	6	7	12							37
Clinics Exempt	0	0	0	0	0	0							0
Hospitals	0	2	4	2	0	0							8
Hospitals Exempt	0	0	0	0	0	0							0
Hospitals - Temp	0	0	0	0	0	0							0
Drug Room	0	0	0	0	0	0							0
Drug Room Exempt	0	0	0	0	0	0							0
Nonresident Pharmacy	3	8	9	4	7	4							35
Nonresident Pharmacy - Temp	2	2	1	0	4	0							9
Licensed Correctional Facility	0	0	0	0	0	0							0
Hypodermic Needle and Syringes	3	4	1	4	0	2							14
Hypodermic Needle and Syringes Exempt	0	0	0	0	0	0							0
Nonresident Wholesalers	7	10	12	9	8	8							54
Nonresident Wholesalers - Temp	0	0	0	0	1	0							1
Wholesalers	5	5	8	6	2	8							34
Wholesalers Exempt	0	0	0	0	0	0							0
Wholesalers - Temp	3	0	1	1	0	2							7
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0							0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0							0
Designated Representatives	29	36	37	51	26	36							215
Designated Representatives Vet	2	0	0	0	0	0							2
Total	1298	2310	1205	1451	1149	869	0	0	0	0	0	0	8282

## Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

<b>I. APPLICATIONS (continued)</b>	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
<b>B. Issued</b>													
Pharmacist	306	598	92	318	93	72							1479
Intern pharmacist	19	104	422	328	265	33							1171
Pharmacy technician	617	778	820	742	848	795							4600
Pharmacy	34	29	37	36	28	36							200
Pharmacy - Exempt	0	1	1	0	0	0							2
Pharmacy - Temp	0	1	0	0	0	0							1
Sterile Compounding	5	1	5	6	1	3							21
Sterile Compounding - Exempt	0	0	0	0	0	1							1
Sterile Compounding - Temp	0	0	0	0	0	0							0
Nonresident Sterile Compounding	5	0	0	0	3	1							9
Clinics	16	6	1	2	7	4							36
Clinics Exempt	0	1	0	0	1	0							2
Hospitals	1	1	1	2	1	2							8
Hospitals Exempt	1	0	0	0	0	0							1
Hospitals - Temp	0	0	0	0	0	0							0
Drug Room	0	0	0	0	1	0							1
Drug Room Exempt	0	0	0	0	0	0							0
Nonresident Pharmacy	49	6	2	1	10	11							79
Nonresident Pharmacy - Temp	0	0	0	0	0	0							0
Licensed Correctional Facility	0	0	0	0	0	0							0
Hypodermic Needle and Syringes	4	3	3	0	2	1							13
Hypodermic Needle and Syringes Exempt	0	0	0	0	0	0							0
Nonresident Wholesalers	16	17	6	9	13	6							67
Nonresident Wholesalers - Temp	0	0	0	0	0	0							0
Wholesalers	5	25	3	6	6	7							52
Wholesalers Exempt	0	0	1	0	0	0							1
Wholesalers - Temp	0	0	0	0	0	0							0
Veterinary Food-Animal Drug Retailer	0	6	0	0	0	0							6
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0							0
Designated Representatives	31	23	33	29	48	28							192
Designated Representatives Vet	1	0	0	0	0	0							1
Total	1110	1600	1427	1479	1327	1000	0	0	0	0	0	0	7943

Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
C. Pending													
Pharmacist (exam applications)	0	479	533	510	504	459							0
Pharmacist (eligible)	685	1099	1012	758	713	673							0
Intern pharmacist	0	564	362	182	114	132							0
Pharmacy technician	0	2683	2382	2297	2237	1890							0
Pharmacy	0	150	144	138	138	116							0
Pharmacy - Exempt	0	1	0	0	0	0							0
Pharmacy - Temp	0	0	0	0	0	0							0
Sterile Compounding	0	26	28	23	30	30							0
Sterile Compounding - Exempt	0	1	1	1	1	0							0
Sterile Compounding - Temp	0	0	0	0	0	0							0
Nonresident Sterile Compounding	0	10	11	17	15	17							0
Clinics	0	14	13	15	15	23							0
Clinics - Exempt	0	7	8	9	8	8							0
Hospitals	0	5	5	7	6	4							0
Hospitals - Exempt	0	0	0	0	0	0							0
Hospitals - Temp	0	0	0	0	0	0							0
Drug Room	0	0	0	1	0	0							0
Drug Room - Exempt	0	0	0	0	0	0							0
Nonresident Pharmacy	0	62	69	71	69	62							0
Nonresident Pharmacy - Temp	0	0	0	0	0	0							0
Licensed Correctional Facility	0	0	0	0	0	0							0
Hypodermic Needle and Syringes	0	16	13	17	15	16							0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0							0
Nonresident Wholesalers	0	80	88	81	75	79							0
Nonresident Wholesalers - Temp	0	0	0	0	0	0							0
Wholesalers	0	60	65	65	60	61							0
Wholesalers - Exempt	0	2	1	1	1	1							0
Wholesalers - Temp	0	0	0	0	0	0							0
Veterinary Food-Animal Drug Retailer	0	2	2	2	2	2							0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0							0
Designated Representatives	0	141	141	114	112	119							0
Designated Representatives Vet	0	3	3	3	3	3							0
Total	685	5405	4881	4312	4118	3695	0	0	0	0	0	0	0

Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
D. Withdrawn													
Pharmacist (exam applications)	1	0	1	1	1	41							45
Pharmacist (eligible)	0	0	0	0	0	0							0
Intern pharmacist	0	1	0	0	17	0							18
Pharmacy technician	49	9	20	17	11	90							196
Pharmacy	0	0	0	3	2	0							5
Pharmacy - Exempt	0	0	0	0	0	0							0
Pharmacy - Temp	0	0	0	0	0	0							0
Sterile Compounding	0	0	0	0	0	0							0
Sterile Compounding - Exempt	0	0	0	0	0	0							0
Sterile Compounding - Temp	0	0	0	0	0	0							0
Nonresident Sterile Compounding	0	0	0	0	0	0							0
Clinics	0	0	0	0	0	0							0
Clinics - Exempt	0	0	0	0	0	0							0
Hospitals	0	0	0	0	0	0							0
Hospitals - Exempt	0	0	0	0	0	0							0
Hospitals - Temp	0	0	0	0	0	0							0
Drug Room	0	0	0	0	0	0							0
Drug Room - Exempt	0	0	0	0	0	0							0
Nonresident Pharmacy	0	0	0	0	0	0							0
Nonresident Pharmacy - Temp	0	0	0	0	0	0							0
Licensed Correctional Facility	0	0	0	0	0	0							0
Hypodermic Needle and Syringes	0	0	0	0	0	0							0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0							0
Nonresident Wholesalers	16	2	0	7	0	0							25
Nonresident Wholesalers - Temp	0	0	0	0	0	0							0
Wholesalers	8	0	1	0	0	0							9
Wholesalers - Exempt	0	0	0	0	0	0							0
Wholesalers - Temp	0	0	0	0	0	0							0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0							0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0							0
Designated Representatives	12	17	1	17	0	0							47
Designated Representatives Vet	0	0	0	0	0	0							0
Total	86	29	23	45	31	131	0	0	0	0	0	0	345

Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
E. Denied													
Pharmacist (exam applications)	3	1	0	0	1	0							5
Pharmacist (eligible)	0	0	0	0	0	0							0
Intern pharmacist	1	0	1	0	0	0							2
Pharmacy technician	21	7	5	5	8	1							47
Pharmacy	0	0	1	1	1	2							5
Pharmacy - Exempt	0	0	0	0	0	0							0
Pharmacy - Temp	0	0	0	0	0	0							0
Sterile Compounding	0	0	0	0	0	0							0
Sterile Compounding - Exempt	0	0	0	0	0	0							0
Sterile Compounding - Temp	0	0	0	0	0	0							0
Nonresident Sterile Compounding	0	0	0	0	0	0							0
Clinics	0	0	0	0	0	0							0
Clinics - Exempt	0	0	0	0	0	0							0
Hospitals	0	0	0	0	0	0							0
Hospitals - Exempt	0	0	0	0	0	0							0
Hospitals - Temp	0	0	0	0	0	0							0
Drug Room	0	0	0	0	0	0							0
Drug Room - Exempt	0	0	0	0	0	0							0
Nonresident Pharmacy	0	1	0	0	0	0							1
Nonresident Pharmacy - Temp	0	0	0	0	0	0							0
Licensed Correctional Facility	0	0	0	0	0	0							0
Hypodermic Needle and Syringes	0	0	0	0	0	0							0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0							0
Nonresident Wholesalers	0	0	0	0	1	0							1
Nonresident Wholesalers - Temp	0	0	0	0	0	0							0
Wholesalers	0	0	0	0	0	0							0
Wholesalers - Exempt	0	0	0	0	0	0							0
Wholesalers - Temp	0	0	0	0	0	0							0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0							0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0							0
Designated Representatives	0	0	0	0	0	0							0
Designated Representatives Vet	0	0	0	0	0	0							0
Total	25	9	7	6	11	3	0	0	0	0	0	0	61

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**II. RESPOND TO STATUS REQUESTS**

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
A. E-mail status requests and inquiries													
Pharmacist/Intern	542	621	58	81	184	173							1659
Pharmacy Technicians	606	672	87	391	360	160							2276
Site Licenses (pharmacy, clinic)	275	712	566	393	464	400							2810
Site Licenses (wholesalers)	277	203	107	274	189	175							1225
Pharmacist-in-Charge	122	98	86	44	172	68							590
Renewals	93	569	54	92	63	88	0	0	0	0	0	0	959
B. Telephone status requests and inquiries													
Site Licenses (pharmacy, clinic)	132	348	185	181	236	229							1311
Site Licenses (wholesalers)	17	112	59	115	92	98							493
Pharmacist-in-Charge	31	51	22	55	82	24							265
Renewals	334	502	387	438	441	393	0	0	0	0	0	0	2495

**III. UPDATE LICENSING RECORDS**

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN*	FYTD
A. Change of Pharmacist-in-Charge***													
Received	98	158	120	151	97	140							764
Processed	6	18	17	29	9	24							103
Pending	92	232	335	457	545	661							0
B. Change of Exemptee-in-Charge***													
Received	6	16	20	21	17	7							87
Processed	8	7	20	0	1	0							36
Pending	151	160	176	197	213	220							0
C. Change of Permits													
Received	57	86	82	68	52	90							435
Processed	6	124	113	17	7	98							365
Pending	269	231	200	251	296	288							0
D. Discontinuance of Business***													
Received	3	11	43	25	20	25							127
Processed	0	0	4	19	57	21							101
Pending	200	211	250	256	219	223							0
E Requests processed													
Address/Name Changes	801	1087	1057	1020	886	826							5677
Off-site storage	31			30									61
Transfer of intern hours to other states	8	14	7	1	4	0							34

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**IV. AVERAGE PROCESSING TIMES**

A. Average days to process initial applications

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Pharmacist (exam application)	9	8	5	8	8	8						
Pharmacy Intern	8	13	10	4	4	6						
Pharmacy Technician	36	41	39	36	35	29						
Pharmacies	16	26	19	20	11	24						
Non-Resident Pharmacies	16	26	19	20	11	24						
Wholesaler	16	26	19	20	11	24						
Veterinary Drug Retailers	16	26	19	20	11	24						
Designated Representatives	16	26	19	20	11	24						
Out-of-State Distributors	16	26	19	20	11	24						
Clinics	16	26	19	20	11	24						
Hypodermic Needle & Syringe Distributors	16	26	19	20	11	24						
Sterile Compounding	16	26	19	20	11	24						
Change of Permit	26	38	20	36	34	32	23					
Change of Pharmacist-in-Charge	16	12	3	8	5	6	4					
Change of Designated Representative-in-Charge	14	12	2	10	4	4	5					
Discontinuance of Business	29	52	70	91	6	12	5					

B. Average days to process deficiency documents

Pharmacist (exam application)	3	3	3	3	3	2						
Pharmacy Intern	5	1	2	2	1	3						
Pharmacy Technician	3	3	3	2	2	2						
Pharmacies	12	12	12	8	8	8						
Non-Resident Pharmacies	12	12	12	8	8	8						
Wholesaler	12	12	12	8	8	8						
Veterinary Drug Retailers	12	12	12	8	8	8						
Designated Representatives	12	12	12	8	8	8						
Out-of-State Distributors	12	12	12	8	8	8						
Clinics	12	12	12	8	8	8						
Hypodermic Needle & Syringe Distributors	12	12	12	8	8	8						
Sterile Compounding	12	12	12	8	8	8						

## Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

#### IV. AVERAGE PROCESSING TIMES (cont.)

C. Average days to issue a license after all deficiencies are corrected

[illegible]



## Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

V. Revenue Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
<b>A. Revenue Received</b>													
Applications	170,967	312,867	172,234	204,801	167,881	139,821							\$1,168,571
Renewals	92,011	773,141	1,385,140	969,588	510,893	723,084							\$4,453,857
Cite and Fine	129,771	557,650	101,841	97,909	278,779	44,110							\$1,210,060
Probation/Cost Recovery	51,160	13,602	69,036	181,162	26,879	18,011							\$359,850
Request for Information/Lic. Verification	1,675	2,800	1,100	1,825	1,870	1,555							\$10,825
Fingerprint Fee	6,370	8,998	7,546	8,379	6,401	5,537							\$43,231
<b>B. Renewals Received</b>													
Pharmacist	1449	1603	1420	1571	1221	1410							8674
Pharmacy technician	2261	2484	2333	2639	2146	2203							14066
Pharmacy	198	221	270	885	177	344							2095
Pharmacy - Exempt	0	1	82	29	0	0							112
Sterile Compounding	12	20	11	62	19	18							142
Sterile Compounding - Exempt	0	0	0	6	0	0							6
Nonresident Sterile Compounding	1	8	13	0	3	4							29
Clinics	73	93	55	92	61	57							431
Clinics - Exempt	0	2	80	75	3	4							164
Hospitals	18	29	25	81	23	30							206
Hospitals - Exempt	0	2	66	20	6	0							94
Drug Room	0	0	0	0	2	1							3
Drug Room - Exempt	0	0	0	5	0	0							5
Nonresident Pharmacy	30	26	31	29	23	22							161
Licensed Correctional Facility	0	0	37	8	3	0							48
Hypodermic Needle and Syringes	20	18	20	25	19	28							130
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0							0
Nonresident Wholesalers	60	55	52	52	43	36							298
Wholesalers	33	53	36	41	25	25							213
Wholesalers - Exempt	0	0	6	1	0	2							9
Veterinary Food-Animal Drug Retailer	2	0	3	0	1	1							7
Designated Representatives	212	262	230	198	169	195							1266
Designated Representatives Vet	3	9	7	5	1	2							27
Total	4372	4886	4777	5824	3945	4382	0	0	0	0	0	0	28186

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VI. Current Licensees	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Pharmacist	41370	41932	42190	42279	42356	42400						
Intern	5665	5214	5506	5631	5708	5680						
Pharmacy technician	72565	72551	72886	73052	73260	73516						
Pharmacy	6176	6195	6231	6212	6215	6232						
Pharmacy - Exempt	120	121	123	123	123	123						
Sterile Compounding	254	255	260	255	252	248						
Sterile Compounding - Exempt	26	26	26	24	24	25						
Nonresident Sterile Compounding	93	93	93	88	90	91						
Clinics	1092	1098	1098	1094	1099	1102						
Clinics - Exempt	221	222	222	221	222	219						
Hospitals	401	402	403	403	401	402						
Hospitals - Exempt	90	90	89	89	88	88						
Drug Room	26	26	27	26	27	26						
Drug Room - Exempt	17	17	17	17	17	17						
Nonresident Pharmacy	463	467	468	464	466	473						
Licensed Correctional Facility	51	51	51	51	51	51						
Hypodermic Needle and Syringes	344	347	350	350	352	352						
Hypodermic Needle and Syringes - Exempt	1	1	1	1	1	1						
Nonresident Wholesalers	761	778	781	782	792	794						
Wholesalers	595	610	604	606	607	610						
Wholesalers - Exempt	11	11	12	12	12	12						
Veterinary Food-Animal Drug Retailer	27	27	27	27	27	25						
Designated Representatives	4506	4503	4549	4583	4608	4635						
Designated Representatives Vet	93	95	95	95	95	95						
Total	134968	135132	136109	136485	136893	137217	0	0	0	0	0	0